

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16863

State File No.

Registrar's No.

2261

Primary Registration District No.

1002

Registration District No.

149

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
East Bottoms R.R. Terminal yards.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution xx
(Specify whether
In this community Since 1913
years, months or days)

3. (a) PRINT FULL NAME Fernando Lopez, or V. Castro

3. (b) If veteran, name war no. 3. (c) Social Security No. 703-03-9144

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced dont know

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Aprox. 55 hr. min.

9. Birthplace Mexico ? (City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business K. C. Terminal

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Dept. Coroner

(b) Address Jackson County, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvery

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address K. C. Mo.

19. (a) 5/24/43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1109 West 24th Street
We dont know, we think he is still a citizen of Mexico.
(e) Citizen of foreign country Mexico ? (Yes or No)
If yes, name country Mexico ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 18 year 43 hour 8:12 minute 19 M.

21. I hereby certify that Brown attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the skull. Amputation of the chest

Due to Reckless transportation

Due to 169-6

Other conditions (Include pregnancy within 3 months of death) 30

Major findings: Of operations 30

Of autopsy 30

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Gunshot 123

(b) Date of occurrence 5/18/43

(c) Where did injury occur Kansas City Central yards KCM (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, industrial place, in public place? Reckless transportation

While at work yes (Specify type of place) (e) Means of injury Gunshot

23. Signature Robert Date signed 5/24/43

Address Kans

Date signed 5/24/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. S. Walton

Licensed Embalmer No.....

2744

P. O. Address.....

B. C. mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.